

LIST OF HEIRS
COMMONWEALTH OF VIRGINIA

Case No.: _____

_____. Circuit Court

NAME OF DECEDENT

DATE OF DEATH

I/We, the undersigned, hereby state under oath that the following are all of the heirs of the Decedent:

NAMES OF HEIRS	ADDRESSES	RELATIONSHIP	AGE
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I/we am/are (please check one):

Proponent(s) of the will (no qualification)

Personal representative(s) of the decedent's estate

Heir-at-law of intestate decedent (no qualification within 30 days following death)

Given under my/our hand this _____ day of _____, _____
DATE

PRINTED NAME OF SUBSCRIBER

SIGNATURE OF SUBSCRIBER

PRINTED NAME OF SUBSCRIBER

SIGNATURE OF SUBSCRIBER

PRINTED NAME OF SUBSCRIBER

SIGNATURE OF SUBSCRIBER

State of _____

City/County of _____, to-wit:

Subscribed and sworn to before me by _____

this _____ day of _____

My commission expires: _____

CLERK/DEPUTY CLERK/NOTARY PUBLIC

VIRGINIA: In the Clerk's Office of the _____ Circuit Court this _____ day of _____, _____
the foregoing LIST OF HEIRS was filed and admitted to record.

Teste: _____
CLERK

by: _____, Deputy Clerk